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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/768,129	01/23/2001	Michael Weiss	SMB 2 0915	3324
James W. McK	7590 08/22/2007	,	EXAMINER	
Fay, Sharpe, Beall, Fagan			MILEF, ELDA G	
	1innich & McKee, LLP 100 Superior Avenue, 7th Floor		ART UNIT	PAPER NUMBER
Cleveland, OH	44114-2518		3692	
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			MAIL DATE	DELIVERY MODE
			08/22/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Application No. Applicant(s) 09/768,129 WEISS ET AL. Interview Summary Examiner Art Unit Elda Milef 3692 All participants (applicant, applicant's representative, PTO personnel): (1) Elda Milef. (2) John Zanghi. Date of Interview: 16 August 2007. Type: a) \boxtimes Telephonic b) \square Video Conference c) Personal [copy given to: 1) applicant 2) applicant's representative Exhibit shown or demonstration conducted: d) Yes e) No. If Yes, brief description: . Claim(s) discussed: 1-7 and 17. Identification of prior art discussed: none. Agreement with respect to the claims f) was reached. g) was not reached. h) \square N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Discussion of 112 1st and 112 2nd rejections. In particular, the 112 2nd paragraph rejection regarding the preamble and claim construction to achieve the results set forth in the preamble were discussed.. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet. Examiner Note: You must sign this form unless it is an Attachment to a signed Office action. Examiner's signature lif required